

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084505

FILED  
Mar 29, 2009  
Secretary of State

Entity Name: SECARLEN VENTURES, LLC

**Current Principal Place of Business:**

6445 S CHICKASAW TRAIL #132  
ORLANDO, FL 32829

**New Principal Place of Business:**

**Current Mailing Address:**

6445 S CHICKASAW TRAIL #132  
ORLANDO, FL 32829

**New Mailing Address:**

FEI Number: 20-3364889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHARP, DUDLEY Q ESQ  
369 N NEW YORK AVENUE 3RD FL  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RUIZ, CARLOS H  
Address: 6445 S CHICKASAW TRAIL #132  
City-St-Zip: ORLANDO, FL 32829

Title: MGRM ( ) Delete  
Name: ALLEN, LUIS  
Address: 6445 S CHICKASAW TRAIL #132  
City-St-Zip: ORLANDO, FL 32829

Title: MGRM ( ) Delete  
Name: IMBERT, SEGUNDO  
Address: 6445 S CHICKASAW TRAIL #132  
City-St-Zip: ORLANDO, FL 32829

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CARLOS H. RUIZ

MNGR

03/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date